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## BIB DATA SHEET

CONFIRMATION NO. 4988

<b>SERIAL NUMBER</b> 10/705,736	<b>FILING or 371(c) DATE</b> 11/10/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 14485.0155US01	
<b>APPLICANTS</b> James Marrs, Arden Hills, MN; Mark Faust, Lino Lakes, MN; Steve Cote, Stillwater, MN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/09/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/VICTORIA P CAMPBELL/</u> Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> <del>27</del> 15	<b>TOTAL CLAIMS</b> <del>83</del> 9	<b>INDEPENDENT CLAIMS</b> <del>7</del> 2
<b>ADDRESS</b> MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903 UNITED STATES					
<b>TITLE</b> Subcutaneous infusion device and method					
<b>FILING FEE RECEIVED</b> 1478	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		